ANNOTATED BIBLIOGRAPHY

OF

PAPERS, ARTICLES AND OTHER DOCUMENTS

RESULTING FROM

THE AGING IN MANITOBA
1971, 1976, 1983 CROSS-SECTIONAL AND PANEL STUDIES
(Betty Havens, Manitoba Health, Principal Investigator)

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January 1987

Age and Opportunity Centre (1978). Needs of the Winnipeg Jewish Elderly. Winnipeg: Winnipeg Jewish Community Council Commission of the Aged.

This study explores the extent to which the Jewish people in West Kildonan, North Winnipeg, and South Winnipeg expressed the importance of community resources to meet their needs. Accessibility of resources was ranked as the greatest need for the total sample, followed by availability of resources, psycho-social, ethno-cultural, economic, shelter, mental health functioning, physical health functioning, household maintenance, food and clothing in that order. The report concluded that the Jewish resources can meet only the average levels of expressed needs and are unable to meet areas of extreme expressed need. Most of the elderly Jewish sample were not feeling extreme need, although not all their needs were necessarily being met at that time. The study is a useful tool for those who plan to develop services in the Jewish community.

Bienvenue, R.M. and B. Havens (1986). "Structural Inequalities, Informal Networks: A Comparison of Native and Non-Native Elderly". Canadian Journal on Aging, 5(4).

This study utilizes the colonial perspective in order to examine the lives of the elderly Canadian Indian population. The analysis focusses on a comparative sample of Indian and non-Indian persons in rural Manitoba. Findings clearly indicate that the Indian population is seriously disadvantaged in terms of housing and health care services. In addition an examination of informal versus formal assistance patterns indicates that the Canadian Indian sample relies on the voluntary services of relatives and friends. The absence of formal agencies appears to be the result of housing patterns and the existence of large households. While this may appear to be a desirable state of affairs, evidence from a number of related surveys clearly suggests that the structuring of informal networks including the incorporation of the elderly, are inherent aspects of the colonial process.

Chappell, N.L. (1982). "Women's Issues: A Matter of Triple Jeopardy?" invited address presented at Pioneers of the New Old Age (An Educational Workshop), University of Winnipeg, Winnipeg, Manitoba, March.

Chappell, N.L. (1981). "Measuring Functional Ability and Chronic Health Conditions among the Elderly: A Research Note on the Adequacy of Three Instruments". Journal of Health and Social Behavior, 22(Mar):90-102.

This paper examines the reliability and validity of three measures of health of the elderly: Index of Living Skills, Shanas' Index of Disability, and an index measuring chronic health conditions. The data are from a random sample of elderly persons who lived in Manitoba in 1971. The analyses used are reported separately for those living in the community, in subsidized housing and in institutions. The ILS is reliable and valid when used among those living in the community and in institutions but not among those in subsidized housing. The index of Chronic conditions is relatively unreliable among all three groups of elderly.

Chappell, N.L. (1980). "Elderly Women Discriminated Against". Perception, 3(3):17.

This is a short essay on the situation of older women in Canadian society. It draws on Canada-wide statistics on poverty and labour force involvement, as well as noting some subjective results obtained from the 1971 Aging in Manitoba Needs and Resources study.

Chappell, N.L. and B. Havens (1981). "Triple Jeopardy: Age, Sex and Ethnicity" presented at the Canadian Association on Gerontology Meetings, Toronto, Ontario, November.

The triple jeopardy hypothesis argues that the combined negative effects of occupying three stigmatized statuses are greater than occupying any one or two of them. This hypothesis was tested among elderly Manitobans using age, sex, and ethnic statuses. Five ethnic groups were distinguished: North Americans, British, Europeans, French, and a Polish-Russian-Ukrainian group. For each ethnic group, old elderly women who were members of that group were compared with all other combinations of the young and old elderly, male and female elderly, and members or nonmembers of the ethnic group. All groups were compared on the basis of their mental health status, perceptions of health, and life satisfaction. The results revealed the advantaged position of the North Americans and in particular the British. The French were neither particularly advantaged nor disadvantaged. Both the Europeans and the Polish-Russian-Ukrainian group emerged as disadvantaged, especially the latter. Sex differences are clearly less important than ethnicity differences. Age differences, however, tend to be

maintained. These findings are discussed in terms of triple jeopardy.

Chappell, N.L. and B. Havens (1981). "Rural-Urban Differences in Older Women" presented at the Midwest Sociological Meetings, Minneapolis, Minnesota, April.

This study provides an empirical test of the rural-urban debate concerning the advantages of either environment for quality of life. Among a sample of elderly women (n=1854) in Manitoba, the effects of age are added to those of rural-urban residence and evidence for a double jeopardy hypothesis is examined. Quality of life is measured using three dependent variables: mental health status, self-perceived physical health, and perceived overall well-being or life satisfaction. The findings indicate a lack of a double jeopardy situation and a lack of rural-urban differences in any of the three measures examined. Rather, factors accounting for differences in quality of life include health, social interaction and ethnicity. The findings are discussed in terms of the relevance of the rural-urban dimension when studying the elderly.

Chappell, N.L. and B. Havens (1980). "Old and Female: Testing the Double Jeopardy Hypothesis". Sociological Quarterly, 21(2):157-171.

A double jeopardy hypothesis argues that the combined negative effects of occupying two stigmatized statuses are greater than occupying either status alone. Applying this framework to elderly persons, it can be argued that being female and "old" elderly has more negative consequences than being male and "old" elderly, male and "young" elderly or female and "young" elderly. An empirical test of this hypothesis, using both an objective (mental health status) and a subject (perceived well-being) indicator as the dependent variable, reveals a confirmation of double jeopardy using the objective quality of life indicator, but not the subjective indicator. Additional analyses of the factors affecting each of the dependent variables adds further support for the uniqueness of old, elderly women as a social category.

Chappell, N.L. and M.J. Penning (1984). "Informal Social Supports: Examining Ethnic Variations" presented at the Gerontological Society of America Meetings, San Antonio, Texas, November.

Ethnic differentials in the nature and extent of informal support systems among the elderly have been widely discussed. Much of this literature suggests the advantageous position of minority over non-minority elderly with respect to informal social supports. However, few empirical investigations have been conducted. This paper reports the findings obtained from an empirical investigation of relationships between ehtnicity and informal social supports. It draws from studies conducted within the province of Manitoba. Comparisons are made using a number of minority and non-minority groups as well as those having no ethnic identification. Typical of Canadian elderly persons, groups examined include: Poles, Russians and Ukrainians, North and West Europeans, etc. Informal supports are examined in terms of their normative context, numbers available, interactions, satisfaction, types of relationship, and assistance received. Contrary to current suggestions, these analyses do not confirm major ethnic differences with regard to informal social supports.

Chappell, N.L. and M.J. Penning (1982). "Mental Health Status: A Comparison of Different Socio-Economic Environments for the Elderly". Essence, 5(2):169-182.

This paper compares the elderly living in three different environments: conventional housing in the community, subsidized housing, and institutions providing some form of medical care. The mental health status of the elderly in these different socio-cultural settings is compared and the factors related to their mental health explored. The results of the data analysis reveal the distinctiveness of the institutional environment in particular but of all three to some extent. The variables related to mental health in the institution seem to refer to autonomy and independence while, outside of the institution, they seem to refer to variables such as age, health and education (all of which are of concern to the non-elderly as well).

Chappell, N.L., and M.J. Penning (1979). "The Trend Away From Institutionalization: Humanism or Economic Efficiency?". Research on Aging, 1(3):361-387.

This paper presents the results of an empirical assessment of different living environments for the

overall well-being of the elderly. The data refer to an area probability sample of 4344 elderly in Manitoba. Multiple regression and t tests are utilized. The findings reveal that residents of conventional housing in the community and those of senior citizens' subsidized housing are similar to one another but different from those living in care institutions. In addition, lower overall well-being is evident in care institutions than in the other two settings. The implications of the findings are discussed in terms of the current trend away from institutionalizing the elderly.

Chappell, N.L. and K.W. Taylor (1981). "Economic Security Among the Elderly: Theoretical and Methodological Considerations" presented at the Canadian Association of Sociology and Anthropology Meetings, Halifax, Nova Scotia, May.

This paper empirically investigates the correlates of feelings of economic security among a random sample of elderly Manitobans. Of particular interest is the relative importance of income or objective economic situation compared with subjective and interpretive factors. Two analytic techniques are used (multiple regression analyses and multiple association analyses) and comment is made on their suitability for the multivariate analyses of qualitative data. The results suggest the greater importance of relative economic situation compared with income. Nevertheless, income affects economic security when there is too little and when there is an adequate surplus. Between these two extremes, other factors appear more important.

Havens, B. (forthcoming). "Health and Aging: A Whole Perspective, Past and Future". In W. Lui (Ed.), <u>The Ethel Shanas Symposium</u> presented at the University of Illinois at Chicago Circle, Illinois, May.

This paper identifies Ethel Shanas as the forerunner for gerontological research that takes a broad view. She was the first to attempt a large scale, cross-national study of the elderly. That same broad view must be taken to our studies of aging today. This author's vision of that broad view is that it "will come from the building of bridges between basic and applied research, between research and practice, between theory and policy, between academia and government, and between sociology and virtually every other discipline that concerns itself with people whether as individuals, groups or systems.

Havens, B. (1984). "The Triple Jeopardy Hypothesis" discussed in Ethnicity and Aging in Canada, a Symposium chaired by Mary A. Hill at the Canadian Association on Aging Meetings, Vancouver, October.

This paper continues the discussion on the unique elements in the "ethnic" situation of women. Havens discusses the triple jeopardy hypothesis comparing 1971 and 1983 figures from the Aging in Manitoba studies. The data support the position that the triple jeopardy of being "female, old-old, and ethnic" still holds true in some instances, though not in others.

Havens, B. (1983). "A Long Term Care System: A Canadian Perspective". In The Feasibility of a Long Term Care System: Lessons from Canada, Robert L. Kane, ed. Tampa: International Exchange Centre on Gerontology.

This is a response to Robert L. Kane's paper which was prepared for the Rand Corporation. Havens commented on the different experiences of Ontario and Manitoba residents in terms of their health care system. The differences are primarily a function of provincial population structure (population size) and social philosophies. In Canada as a whole we have come to note that the sex ratio imbalance has resulted in differential access to some services when those services are in flux. (e.g. when a number of Level 1 specialty institutions when these were being phased out in favour of multi-level facilities, males had a considerably shorter period before placement). Havens also developed a recommendation that regular assessments must be made.

Havens, B. (1983). "Individual Needs and Community Resources". In Research Instruments in Social Gerontology, Vol III, D. Mangen and W. Petersen (Eds.), University of Minnesota Press, Minneapolis, Minnesota.

As gerontologists, planners, funders and the general public become more concerned about assessing the needs of the elderly and examining the community resources available to them, social scientists are developing ways of measuring needs and resources. This chapter evaluated sixteen of these measurement instruments. Most of them are in survey form but other ways of studying needs are described. The major problem in using these instruments is that there is no one clear definition of "needs". Therefore, these instruments often measure slightly different needs. The research advocated improvement of the measurement instruments by defining the meaning of "needs" and using the instruments in a number of research studies.

Havens, B. (1983). "Cross Cultural Variations in Assessing Health Status and Service Needs in Aging Populations" presented at the American Public Health Association Meetings, Dallas, Texas.

Assessing health status and service needs in aging populations require considerable attention to the cultural context within which the data are collected. Too often data collection strategies are not cross culturally comparable or ignore a significant cultural diversity within heterogeneous populations. This paper focuses on identifying salient cross cultural issues in public health research, and illustrates these concerns by drawing on data collected from an ethnically diverse Canadian population.

Havens, B. (1982). "Possibilities and Problems in Using Service Generated Data for Longitudinal Research on Aging - Part II: Experiences from Manitoba". In Canada's Changing Age Structure: Implications for the Future (Gloria M. Gutman, Ed.). Burnaby, B.C.: Simon Fraser University Press.

This reflective account honestly identifies a number of advantages and disadvantages to longitudinal research as experienced in the Aging in Manitoba study. Key difficulties arise from the sheer volume of data and the non-uniform length of data records. A special advantage is that the data are already subjected to reliability checks before they are accessed by the analysts. In addition, the author details some of the pros and cons of being part of a multidisciplinary team.

Havens, B. (1982). "Canadian Developments in Aging" presented at the Alberta Symposium on Aging-Guidelines for the Future, Edmonton, Alberta, June.

This paper presents a demographic comparison of Alberta's aging experience with that of Canada and other nations. Many nations now are experiencing the situation of those 65 and over exceeding 10 percent and several exceeding 20 percent of the population, and Canada is no exception. Alberta's population, however, is remaining virtually constant. Canada's sex ratio is 75 males to 100 females aged 65 and over. Alberta's sex ratio is 91 males to 100 females 65 and over both of which are higher than in the United States or many of the developed nations. This is the result of the predominantly male immigration to Canada during the early years of the current century and the continuing male migration to Alberta. This paper also identifies the program thrusts in aging for Alberta and the expected direction for that province.

Havens, B. (1982). "Anticipating and Meeting Future Needs" presented at the Institute of Donations and Public Affairs Research 10th Annual Toronto Donations and Public Affairs Seminar, Toronto, Ontario, April.

This paper identifies some of the great variations in the current older population in an effort to demonstrate how increasingly heterogenerous it will be in the future. In order to anticipate and meet future needs of the elderly, the author make several strategic suggestions: collaboration between researchers from many fields; development of more training in aging in more fields than before, including all health sciences (e.g. dentistry, nutrition, pharmacology), social sciences (e.g. political science, law), and others; funding encouragement for interdisciplinary research that may be basic or applied; and effective means of communication between those who are researching and those who are working directly with the aged.

Havens, B. (1982). "Whose Services Are They, Anyway?" presented at the National Council on the Aging Conference, Washington, D.C., April.

Havens suggests that many, if not most, human service systems were designed and operate to use buildings, equipment and staff efficiently; that is, such systems tend to be staff or administratively centred. These systems place the client/patient so close to the edge or periphery of the system that their informal suppports tend to be lost or ignored. This paper thus challenges the physicians, administrators, senior service professionals, and executive directors to ensure that their services systems are reoriented around the elderly for whom they are said to be designed.

Havens, B. (1982). "Service Delivery within a Canadian Context" plenary speech at the American Public Health Association Meeting in Montreal, Quebec, November.

The Canadian system faces different problems of geography than that of the United States: problems of geography, regional jurisdiction, and population distribution in the planning and delivery of geriatric and social services to its older population. The key to Canadian health service delivery is flexibility. Further, delivery of health services to older Canadians demands innovative strategies to enhance accessibility against totally externally determined odds. This paper identifies these external forces in order to understand the necessity for flexibility and innovation.

Havens, B. (1981). "Social Planning Implications of Needs Assessments". In Aging: A Challenge to Science and Society, Vol. 2, Medicine and Social Science, A.A.J. Gilmore, et al., eds.). Oxford: Oxford University Press.

This paper uses the Aging in Manitoba study to show how statistical information on the needs of the elderly can be used to plan services. This method is seen as being more accurate and practical than earlier ways of planning. Aging in Manitoba gathered information from senior citizens (about their needs) and from services to the elderly (about what needs were being met). These were then compared to show which were the areas of unmet need. This was done according to geographic location, age, sex, and ethnic background. It was found that the greatest needs are for easily accessible community services and housing, rather than long-term care facilities.

Havens, B. (1981). "Multidisciplinary Needs Assessments" presented at the International Association on Gerontology Meetings, Hamburg, Germany, July.

The assessment of the needs of the elderly population demand a multidisciplinary approach. At a minimum, this approach should include input from medicine, social work, nursing, psychology, and any relevant allied health discipline. This will provide required information for determining appropriate settings for the delivery of health care and social services in a comprehensive, rational, and systematic fashion.

Havens, B. (1980). "Differentiation of Unmet Needs Using Analysis by Age/Sex Cohorts: Aging in Manitoba". In V.W. Marshall (Ed.), Aging in Canada: Social Perspectives. Toronto: Fitzhenry & Whiteside.

In this extract from the Aging in Manitoba ten-volume report, the author emphasizes the need for a sampling design that stratifies adequately the target population. That is, age, gender, geographic location and functional ability (i.e. including institutionalized and non-institutionalized elderly) should be elements of stratification. In addition, she identifies the concern that need be self-reported rather than obtained from outside, objective (professional) sources only. Finally, the author notes nine need areas that have been determined from the data through a factor analysis process.

Havens, B. (1980). "Health Care for the Aged". In Research Issues in Aging, Ronald Bayne and Blossom Wigdor (Eds.), Gerontology Research Council of Ontario, Hamilton, Ontario.

This paper discusses some areas of health care for the elderly which are being, or should be, researched in North America. The areas covered were: identification of needs, planning for new resources, coordination and cooperation among professionals, and evaluation of health care. These areas are inter-related because the health habits of the elderly usually arise from their self-perceived needs. New resources must be planned to meet these needs. This requires coordination and cooperation between professionals in the field as well as ways of evaluating the effectiveness of the services. While it is felt that longitudinal studies of conditions will be most useful in the long run, any research in the field of health care for the elderly is important at this time.

Havens, B. (1980). "A Longitudinal Study of Elderly Manitobans". Essence, 3(3):125-142.

This research is based on data from the 1971 and 1976 Aging in Manitoba Needs Assessment Survey for a total of 6100 randomly selected elderly Manitobans and the complete health service utilization data for these same individuals and their spouses (n=8500) from 1969 through 1978. During the first year of the research, the two databases have been merged into a single longitudinal data file. A pilot study for 100 index cases from 1972-76 has been undertaken. Of the 100, 72 percent were alive and non-institutionalized, one percent waiting for nursing home placement, ten percent in nursing homes, 13 percent deceased, and four percent did not have an active status.

Havens, B. (1980). "How our Roles Change with Age". Perception, 3(3):15-16.

Role changes in older age include reduction in their number and variety. Some early roles lose their importance (e.g. lobbying for civic improvements for children), some are explicitly tied to life stage (e.g. working or family development). Others are eliminated because of reduced opportunities; physical health and income are likely to diminish and thus constrain the type of recreational roles taken on. Since there are so many roles lost, the roles taken on (e.g. sick role, grandmother) may be attended to in exaggerated style. Non-elderly may have a responsibility to aid older

persons in keeping roles like the sick role in proper perspective.

Havens, B. (1980). "The Potential for Determining the Predictive Validity of Assessed Needs". Aging and Leisure Living, 3(3):5-8.

One of the specific objectives of this longitudinal research is to test the validity of the "needs assessment profile methods developed from the Aging in Manitoba survey as indicators of home care and personal care home service utilization and as predictors of subsequent utilization of medical services.

Havens, B. (1980). "Manitoba Longitudinal Research on Aging" presented at the Canadian Association on Gerontology Meetings, Saskatoon, Saskatchewan, October.

Revised version of this paper later published by Havens in 1981 as "Possibilities and Problems in Using Service Generated Data for Longitudinal Research on Aging - Part II: Experiences from Manitoba".

Havens, B. (1980). "Differentiation of Health Care Utilization" presented at the Gerontological Society of America Meetings, San Diego, California, November.

Having previously determined that the 496 proxy respondents included in Aging in Manitoba did not report systematically differently in terms of demographic, social, psychological factors and needs from non-proxy respondents (n=4062), analysis was undertaken to see whether health utilization varied. As part of a larger longitudinal study of a sample of aging Manitobans, total health care utilization over eight years, the specific utilization rates and patterns of those respondents for whom proxy interviews were completed in 1971 were analyzed. Utilization included medical (units and services), hospital (acute and chronic), personal care home (nursing home) and home care services. Selected variations in utilization rates were found in this sub-study. In the non-proxy group utilization tended to increase as needs increased. In the proxy group, selected categories of use showed the opposite pattern; i.e. low need and high utilization. These findings suggest that needs assessment via proxy interviews may not be as valid in predicting utilization over time as in non-proxy interviews. Additional study of this sub-sample is recommended.

Havens, B. (1980). "The Relevance of Social Science Research in Aging" presented at the University of Manitoba Conference on Research in Gerontology, Winnipeg, Manitoba, May.

This paper identifies several stumbling blocks to research in aging not reaching those who need it. They are: the perceived gap beteween academic research and the broader community, determining what research is relevant to whom, and listening to the older persons themselves. In this discussion, several research areas are highlighted as especially capable of relevance to a non-academic audience who are concerned with aging: Education and Aging, Media and Aging, Retirement and Aging, Women's Concerns and Aging, and Human Rights and Aging.

Havens, B. (1980). "Research Issues in Aging Health Care for the Elderly" presented at the Gerontology Research Council of Ontario Seminar, Scarborough, Ontario, March.

Much of the health behaviour of elderly people, as with all people, derives from their self-perceived needs. Further, if society is to respond to these needs through resource planning, it will require coordination and cooperation among professionals and adequate and appropriate evaluation of health and health care. This paper focuses on health care research needed in five areas: identification of needs, planning for new resource coordination and cooperation among professionals, and evaluation.

Havens, B. (1980). "Non-Institutional Alternatives: Hard Questions on Cost and Coordination" presented at National Council on the Aging Inc., Washington, D.C., April.

It is thought that health and social services to the aged and to the disabled should be available in their homes when that is the appropriate form of care rather than by removing the individual, to an institution. This assumes home care services where appropriate are less costly than institutional care. Of the 1,167 clients admitted to the Home Care Program in this study, 822 would have been placed in an institution had home care not been available. For these, home care is less expensive than the DALP (97 percent of them). The cost comparisons of home delivered services and institutional services, in this study, do not take into account any dollar value.

Havens, B. (1978). "Planning to Meet the Needs of the Elderly". In An Interdisciplinary Approach to Geriatric Care, D. Skelton (Ed.), University of Manitoba Press, Winnipeg, Manitoba.

In this paper the author discusses the necessity of thorough research into the needs of the elderly before good planning can be done. That research/information base should be constructed in a multi-disciplinary context, and consider multiple data collection techniques (e.g. social indicators, town-hall forums, key informants, surveys, etc.)

Havens, B. (1978). "A Longitudinal Study of the Relationship Between Perceived Needs, Psycho-Social Factors and Health Service Use Among Elderly Manitobans" presented at the 9th World Congress of Sociology, Uppsala, Sweden, August.

This research is based on data from the 1971 and 1976 Aging in Manitoba Needs Assessment surveys which included social, psychological, demographic, health and environmental information for a total of 6100 randomly selected elderly Manitobans and the complete health service utilization data for these same individuals and their spouses from 1969 through 1978. The merging of these two different databases allows the identification of the characteristics of health care utilizers and the determination of non-diagnostic influences on the level s of utilization of health care services as well as on morbidity patterns and mortality. It provides an opportunity for a needs assessment instrument to be tested for predictive validity aside from patient recall or idiosyncratic clinical confirmation. In a pilot study of 100 index cases and their spouses from 1972-76, 72 percent were alive, non-institutionalized, and appeared in active status on the 1977 registry. One percent were waiting for nursing home placement, 10 percent were in nursing homes, 13 percent were deceased and four percent did not appear in an active status. Fourteen percent of the surveyed individuals had no claims in 1972 but did have physician visits in subsequent years (1973 through 1975). Fifty-four percent of the individuals had no hospital claim in 1972, 49 percent of the individuals had 6 or more claims in 1972 and these included some individuals who were very heavy users of the health services system.

Havens, B. (1977). "Social Planning Implications of Needs Assessments" presented at the World Conference on Aging: A Challenge to Science and Social Policy, Vichy, France, April.

This study was charged with yielding comprehensive data on the elderly regarding needs and resources and need-resource interrelationships to enable identification of discrepancies, overlaps, and alternatives. It was to be appropriate to current and future local, regional, and provincial short-term and long-range planning. Further, the results were to be applicable to planning at all levels, to provide comparisons across areas, and to establish mechanisms for future updating. The findings show that the greatest needs of the elderly are for easily accessible community services and for housing rather than for construction of facilities which provide care. The need is for community services, based in the local communities, that are readily accessible to those living in their own homes or with their own family. Further, those who are socially isolated present certain specific characteristics and special problems relative to accessibility of services which require more unique or innovative solutions.

Havens, B. (1973). "Needs of Elderly Manitobans Empirically Identified" presented at the Midwest Sociological Society Meetings, Milwaukee, Wisconsin, April.

Based on a literature review, the expertise of professionals and the public statements of older Manitobans; 18 need areas were conceptualized for investigation. These were developed into scaled intervals. A pilot semi-structured interview (n=57) was conducted. Partial correlation coefficients in excess of .85 were used to determine need clusters, then confirmed by multiple regression technique. In the field survey (n=4805), the existence of nine discrete need areas capable of five intervals was confirmed.

Havens, B. and N.L. Chappell (1983). "Triple Jeopardy: Age, Sex and Ethnicity". Canadian Ethnic Studies Journal, 15(3):119-132.

A triple jeopardy hypothesis argues that the combined negative effects occupying three stigmatized statuses are greater than occupying any one status or even two such statuses. Based on previous analyses of these data it has been shown that being "old" old and female results in double jeopardy of an objective but not a subjective nature. This analysis adds the dimension of ethnicity to test whether being "old" elderly female and also being a member of a disadvantaged ethnic subculture confirms triple jeopardy. Triple jeopardy was confirmed for objective outcomes, but not subjective outcomes.

Havens, B. and B. Jacobs (1986). "Sample Mortality - Aging in Manitoba Longitudinal Study" presented at the Gerontological Society of America Meetings, Chicago, Illinois, November.

In 1971 a stratified random sample of 4805 Manitobans aged 65 years and over were interviewed about their needs and resources. In 1976 a follow-up survey was undertaken by interviewing an area probability sample of 1302 Manitobans aged 60 years and older. Updated information has been gathered on these 6107 respondents for the purpose of creating a panel of survivors for a longitudinal analysis. To date, 2346 panel members (38 percent) have been reinterviewed, information on the deaths of 3320 respondents (54 percent) has been obtained and 94 respondents (1.5 percent) refused to be interviewed, were too ill or were lost. An active search was completed in 1986 for the remaining 347 respondents (6 percent) the majority of whom had moved out of Manitoba. The process of obtaining the original samples, with current information on the survivors and information on the decedents allows for comparative analyses of the survivors, decedents and those who could not be followed up using basic demographic, socio-economic and health data obtained during the initial interview.

Havens, B. and B. Jacobs (1986). "Comparison of Illnesses between Decedents and Survivors" presented at the Canadian Association on Gerontology Meetings, Quebec City, Quebec, November.

Utilizing the longitudinal panel data collected on the participants (n=4805) in the 1971 Aging in Manitoba cross-section survey, comparisons are made between decedents and the 1983-84 survivors. Of the original respondents, 30 percent were reinterviewed, death

information was obtained on two-thirds of the sample, while no updated information could be obtained from or about the remaining, less than five percent of the sample. The 1971 findings were that 14 percent of the sample reported no health problems, 22 percent reported one health problem, 22 percent reported two health problems, and 41 percent reported three or more health problems. Reinterviewed data indicate that while most respondents reported increased numbers of chronic illnesses, substantial minorities reported no change or a decreased number of illnesses between 1971 and 1983-84. The 1971 responses to the chronic illness checklist for survivors are compared with those of the decedents and the residual. The checklists are compared on the basis of the total number of illnesses and for the incidence of specific illnesses.

Havens, B. and B. Jacobs (1985). "Income and Expenses as Related to Subjective Financial Security" presented at the Canadian Association on Gerontology Meetings, Hamilton, Ontario, October.

Questions on income and expenses were included in interviews administered to an area probability, age/sex stratified random sample of 2854 Manitobans age 60 and over resident in the community in 1983. For those subjects who responded to both income and expense items the difference between income and expenses was established. These differences were then related to the respondents' perceptions of the adequacy of their income to meet their current needs and their expectations of the adequacy of their future income to meet their future needs. Particular attention was paid to differential perceptions of financial security held by renters of senior citizens' housing, of other forms of rental accommodation and of home owners. Renters and home owners were also compared on the percentage of expenses spent on housing costs. The relationship between the number of health problems experienced in the preceding year, self-perceived health status and health care expenditures was examined. All analyses were performed for 5 year age/sex cohorts.

Havens, B. and B. Jacobs (1985). "Social Relationships and Degree of Isolation, How do They Vary Over Time?" presented at the International Congress of Gerontology, New York, July.

This paper defines social isolation and compares the level of such isolation between the respondents to three cross-sectional surveys of Manitoban elderly (1971, 1976, and 1983). Social isolation has been operationalized in

the following ways: having no other adult in the same household; having lived in their present household less than one year or less than three years; having moved to one´s present household from a distance of one day´s journey or more; having one´s nearest relative residing at a distance of one day´s journey or more; being widowed, divorced or separated; having lived in one´s community for less than five years; rating one´s health as poor or bad; having a generally weak, unsteady or worse state of mind (or being generally or completely disoriented); having social interaction with less than one person a day within one´s own household; having social interaction with relatives less than twelve times a month; having social interaction with friends less than eight times a month; having social interaction with neighbours less than four times a month; having social interaction with less than nine people for specific purposes in a week; for those employed, having social interaction with less than two persons a day; being extremely isolated as the total of the Life Space Index; seeing people of one´s own age as seldom active or inactive in the community; seeing the community accord little respect to people of one´s age; having low life satisfaction; having a difficult financial situation relative to current expenses; and having a difficult financial situation relative to future needs. A general conclusion which can be drawn from an overview of the tables, is that there has been a slight decrease from 1971 to 1983 in the percent of the age 65 and over population resident in the community in Manitoba who experience extreme or severe isolation.

Havens, B. and B. Jacobs (1984). "Age/Sex Cohort Analyses of Unmet Needs" presented at the Gerontological Society of America Meetings, San Antonio, Texas, November.

A study of unmet needs and resourses to meet the needs of elderly Manitobans was originally undertaken by the provincial government in 1971. An updated study on a much smaller scale was conducted in 1976. The 1983 Follow-up sudy drew both from the third cross-sectional sample and the panel of survivors. Age/sex analyses have been undertaken with all three studies. The 1983 data present interesting variations on both 1971 and 76 findings. Age cohort differences in unmet needs emerge in ´83 among those aged 65 and over regardless of gender when three aggregates are used; however, the "young" elderly cohort cannot be enlarged to include those under age 65. Hence, four age cohorts emerge in preliminary analyses the: "pre-retirees", aged 60-64; "young" elderly, aged 65-74; "middle" elderly, aged 75-84; and "old" elderly, aged 85 and over and based on unmet need, when gender is combined with age those under age 65 can

be aggregated with the youngest elderly cohort. That is, "young" elderly females and males are aged 60-69. The "middle" elderly females are aged 70-84 but "middle" elderly males are aged 70-79. The "old" elderly females are age 85 and over while the "old" elderly males are aged 80 and over. Therefore, unlike the 1971 and 1976 studies, six age/sex and four age-only cohorts emerge.

Havens, B. and B. Jacobs (1984). "Met and Unmet Needs Over Time of Respondents Age 65 and Over" presented at the Canadian Association on Gerontology Meetings, Vancouver, British Columbia, October.

Continuing from the 1971 and 1976 "Aging in Manitoba: Needs and Resources" survey, data were gathered in 1983 to update this information. In 1983 an area probability age/sex stratified random sample of 2,854 Manitobans aged 60 years and over resident in the community, were asked about their needs. In addition, approximately 700 resources were interviewed about their services. A comparative analysis of met and unmet needs of the 2,132 1983 respondents age 65 and over and their 1971 and 1976 counterparts had been conducted. The need areas examined are: psycho-social; shelter; household maintenance, food and clothing; ethno-cultural; physical health fuctioning; mental health functioning; economic; accessibilty to family, friends and familiar community; and availability of family, friends and familiar community as resources. By means of average need profiles, the presentation focused on those met and unmet needs which remained constant and those which have undergone major changes during this time period.

Havens, B. and B. Jacobs (1983). "Aging in Manitoba, Needs and Resources: A Longitudinal Study Update" presented at the Canadian Association on Gerontology Meetings, Moncton, New Brunswick, November.

The results of the 1983 replication of the 1971 and 1976 studies which surveyed needs and resources in nine need areas were presented. The need areas are: psycho-social; shelter; household maintenance, food and clothing; ethno-cultural; physical health functioning; mental health functioning; economic; proximity to family, friends and familiar community; availability of resources. Approximately 4400 individuals and 700 resources were interviewed in 1983. A comparative analysis among the 1971, 1976 and 1983 findings was undertaken.

Havens, B. and J.M. Mossey (1979). "Health Care Use Behaviours Among the Elderly" presented at the 32nd Annual Gerontological Meetings, Washington, D.C., November.

To date only limited research has been undertaken to document the long term consistency of individuals' health service use behaviours. In an elderly population an understanding of the extent of health service use and the pattern of this use is critical if health care intervention programs are to be designed that focus on encouraging the appropriate development of, effective use of, and rational allocation of scarce health resources. This research has investigated the health services use behaviours of a random sample (n-4805) of community dwelling and institutional residents 65+ in Manitoba where comprehensive health services are publically insured or subsidized. Complete health care use behaviours for the years 1970-77 have been summarized on a daily basis and linked with responses to an extensive needs assessment survey conducted by the provincial government in 1971. Preliminary findings have described health care use behaviours of the sample based on the total individual use of any and all physician, hospital, homecare, or nursing home services during each day of the eight year period. Consistent patterns of behaviour have been identified across individuals. These patterns are influenced by the level and type of need and are associated with the sociological, psychological, and environmental characteristics of the individual.

Havens, B. and J.M. Mossey and E. Shapiro (1979). "Introduction: Longitudinal Research on Health Care Utilization by Aging Manitobans" presented at the Canadian Association on Gerontology Meetings, Halifax, Nova Scotia, November.

This paper has been revised and published by Havens (1980) as "The Potential for Determining the Predictive Validity of Assessed Needs".

Havens, B. and E. Thompson (1975). "Differentiation of Unmet Needs Using Analysis by Age/Sex Cohorts of an Elderly Population: Aging in Manitoba" presented at the Midwest Sociological Society Meetings, Chicago, Illinois, April.

Aging in Manitoba, a field survey of the unmet needs of almost 5000 elderly Manitobans was based on an area probability random sample design. This sample was drawn from the heterogeneous population of some 98,000 Manitobans aged 65 and over. While the primary analyses were based on geographically defined aggregates, secondary analyses were based on ethnically defined

aggregates and on age-sex cohorts. The latter analyses were essential in order to assure those using the results of the study that the geographic aggregates were, in fact the most appropriate units of analysis relative to the needs of Manitobans aged 65 and over. This study measured the level of need in nine areas.

Havens, B. and E. Thompson (1975). "Social Relationships and Degree of Isolation of Elderly Manitobans" presented at the International Congress of Gerontology, Jerusalem, Israel, June.

Degree of isolation was investigated as one aspect of a larger study of needs of aging Manitobans and of resources to meet such needs. The study involved a sample of 4,800 older Manitobans and all 680 resources to provide data for public and private service delivery and policy planning purposes. Nine need areas were identified and scaled along a degree of independence continuum. The degree of social isolation was studied for variations by geographic area and residential type, by age and sex, by ethnicity, life satisfaction, availability of resources and income, and social support systems or networks.

Havens, B. and E. Thompson (1975). "Research Results: Ethnic Variations in Needs of the Elderly" presented at the Second Biennial Meeting of the Canadian Association on Gerontology, Toronto, Ontario, October.

Aging in Manitoba reports on a survey of unmet elderly needs. In each ethnic group, except Native Canadian, the need for resources to be more accessible is the highest mean unmet need. For the Native Canadian elderly, shelter is the highest mean unmet need area. The second highest need area for most ethnic groups is shelter. The exceptions to this are: Polish and Asian/Oceanic (ethno-cultural), Russian/Ukrainian and other European/Mid Eastern (mental health functioning), Native Canadian (accessibility of resources).

Havens, B. and E. Thompson (1972). "Design for Matching Needs of and Resources for the Elderly in Manitoba" presented at the Gerontological Society of America Meetings, San Juan, Puerto Rico, December.

This paper identifies discreet areas of need evidenced in the elderly population and serviced by resources for the elderly, and refines need areas as scales for purposes of matching needs and resources. Using student interviewers for a pilot survey with approximately 18 need areas,

correlational analysis was applied to these data yielding nine need areas: psycho-social; shelter; household maintenance; ethno-cultural; physical health; mental health; economic; familiar community proximity; and resource availability each with five levels of need. These nine scales were, then, tested with a sample of resources to meet needs. The scales as applied to resources were consequently the "mirror image" of those used with elderly population. The nine scales provided tne means for profiling individuals, aggregates, and universes of elderly and resources. Such profiles, then provided the means for matching needs of the elderly against the resources to service these needs.

Hull E. with N.P. Roos, B. Havens and J. Mossey (1979). "An Analytic Comparison of the 1971 and 1976 Studies of Aging in Manitoba: Needs and Resources", Health and Welfare #1216-6-918, Manitoba Department of Health and Community Services, Winnipeg, Manitoba.

This study is an attempt to compare and analyze the needs of the older population of Manitobans, for two separate sample years. A comparison is also made of the resources available during these two sample years and their ability to meet the needs of the older population of Manitoba. It is the intent of this study to compare and contrast the results obtained for these two sample years, and identify any changes, in the five year period between 1971 and 1976, in the needs of the elderly population and the ability of the available resources to meet these needs. By identifying these changes and their directions, it is expected that changes in future needs may be predicted more accurately. By increasing the ability to accurately predict the future needs of older Manitobans, the resources may be adapted more readily to meet these needs as they arise.

Jacobs, B. and B. Havens (1986). "Longitudinal Panel Data Gathering - A Manitoba Experience" presented at the Canadian Association on Gerontology Meetings, Quebec City, Quebec, November.

The longitudinal panel data gathering phase of the 1971 (n=4805) and 1976 (n=1302) Aging in Manitoba cross-sectional studies is in the final stage. The overwhelming majority, more than 95 percent of the survivors, agreed to be reinterviewed. Various provincial, national and international information sources were used to locate survivors. Some recurring difficulties in locating survivors, such as female respondents who had married, were encountered. Over one-half (57 percent) of the initial respondents were

deceased. Various information sources were utilized in obtaining decedent information and various difficulties were encountered, such as those resulting from the inconsistent spelling of names. Follow-up information could not be obtained on a small percentage (less than five percent) of the original respondents because they could not be traced or could not be reinterviewed. The results of the follow-up of 6107 respondents, grouped by sex and by age and status in 1984 are charted.

Jacobs, B. and B. Havens (1985). "Leisure Activities as Related to Age, Sex, Health, Economic Circumstances and Location" presented at the Canadian Association on Gerontology Meetings, Hamilton, Ontario, October.

The data were obtained in interviews conducted in 1983 with a stratified random sample of 2854 Manitobans aged 60 and over resident in the community. Information was gathered on recent participation and non-participation in any of 21 common leisure activities, including individual and group, formal and informal, active and passive activities. An analysis was undertaken of the rates of participation in the various activity categories by age, sex, self-rated health status, self-rated adequacy of present income, education and residency in or outside of Winnipeg. Sub-group participation rates were compared with the frequency with which activities were identified as important. The data show that frequency of participation and importance of an activity are not synonymous and vary among sub-groups.

Manitoba. Division of Research, Planning and Program Development (1973).. Aging in Manitoba: Needs and Resources, 1971 (10 volumes). Winnipeg: Manitoba Department of Health and Social Development.

This ten volume set descriptively analyzes the data derived from the Aging in Manitoba 1971 study. It is primarily a needs assessment based on interviews with a stratified random sample of elderly (n=4805) and the entire "population" of resources (n=680). The analysis considers the average need levels on nine scales that were developed especially for this study: psycho-social, shelter, household maintenance, ethno-cultural, physical health functioning, mental health functioning, economic, accessibility of resources and availability of resources. The levels of need in these areas are fully itemized in a volume for each region of the province, identifying the different levels of need within those regions, gender, and age as well.

Manitoba Health (1987). Aging in Manitoba: Needs and Resources, 1983 (3 volumes). Winnipeg: Department of Health, forthcoming.

This three volume set descriptively analyzes the data derived from the Aging in Manitoba 1983 study. It is a parallel needs assessment to the one conducted in 1971, based on interviews with a stratified random sample of elderly (n=2854) and the entire "population" of resources (n=717). The analysis also considers the average need levels on nine scales that were developed especially for the 1971 study. Again, the levels of need in these areas are fully itemized for each region of the province, identifying the different levels of need within those regions, gender, and age as well.

Marmel, B. and S. Sawyer (1982). A Study of the Needs of Willow Centre Elderly Person´s Housing. Winnipeg: Nor´West Co-op Health and Social Services Centre.

The purpose of this study was to assess the needs of the tenants of Willow Centre and to identify community resources available with the purpose of making life more enjoyable for the tenants of Willow Centre. Willow Centre contains 52 elderly persons´ housing units and is located in northwestern Winnipeg. Forty-nine of a possible 52 completed interviews were obtained using the 1976 Aging in Manitoba interview schedules. This study investigated nine areas of need. An interview schedule on nutrition, was administered separately. The strengths and needs of the tenants of Willow Centre have been profiled to measure the effects of programs and services introduced to improve the quality of life of the tenants.

Mossey, J.M. (1982). "Consistency and Stability in Use of Ambulatory Physician Services by the Elderly" presented at the Meeting of the North American Primary Care Research Group, Columbus, Ohio, May.

Mossey, J.M. (1979). "Profiles of Health Care Use Behaviours Among the Elderly" presented at the Canadian Association on Gerontology Meetings, Halifax, Nova Scotia, November.

As a group, elderly persons more frequently use health care services than other segments of the population. The degree to which their health care use behaviours over time are consistent and predictable, and the characteristics that distinguish the very high users of health services from those who use such services infrequently or not at all have not been studied

adequately. The purpose of this ppaer is to describe the approach we have taken in summarizing the health care use information and to present preliminary findings from the application of these methods to our sample.

Mossey, J.M. and B. Havens (1979). "Health Care Use Among the Elderly: An 8 Year Longitudinal Study" presented at the 32nd Annual Gerontological Meetings, Washington, D.C., November.

Longitudinal studies of large samples of older persons that document differential patterns of health care use have not been reported. This research is part of a larger study investigating the morbidity, mortality, and health care use of a random sample (n=4805) of community-dwelling and institutional residents 65+ in Manitoba. Total health care use for 1970-77 has been summarized and linked to an extensive needs assessment survey conducted in 1971 by the provincial government. In this initial investigation, health care use is defined as a function of whether physician, hospital, home care, or nursing home services were utilized on any given day during the eight study years. Preliminary findings derived from the first four study years indicate the presence among the elderly of consistent long-term health care use behaviour patterns. About 22 percent are observed to be consistently high users of physician services and accounted for 50 percent of all physician services used. Another 22 percent experienced almost no physician contact. Heavy or light use was not confined to any age or sex cohort. Implications of these findings for the delivery of clinical medicine services and the identification of "high risk" target groups will be discussed.

Mossey, J.M., B. Havens, N.P. Roos, and E. Shapiro (1981). "The Manitoba Longitudinal Study on Aging: Description and Methods". <u>The Gerontologist</u>, 21(5):551-558.

The Manitoba Longitudinal Study on Aging (MLSA) includes a representative sample (n=4709) of the residents of Manitoba and combines their responses to a needs assessment interview with complete information on mortality and use of health services (medical, hospital and long-term care) for the years 1970 through 1977 to form a longitudinal record for each participant. This paper describes the MLSA and discusses its relative potential for investigating the health and health care use behaviors of older persons.

Mossey, J.M., E. Mutran, E. Shapiro and K. Andrews (1984). "Determinants of Consistency and Level of Physician Use by the Elderly Over an Eight Year Period" presented at the Gerontological Society of America Meetings, San Antonio, Texas.

Examination of the physician use between 1970 and 1977 by 2026 community dwelling respondents in the Manitoba Longitudinal Study on Aging has revealed 65 percent to be consistent in their physician use over the eight years. Among consistent users, 34 percent were seen to be very low users (1-2 visits each year); 33 percent were low users (less than four visits each year) and 22 percent were high users (7 or more visits each year). In this study an adaptation of the utilization model proposed by Anderson was used to examine the determinants of consistency and level of use. OLS and logistic regression analyses revealed none of the predisposing, enabling, provider or need variables to be associated with consistency. Females, married individuals and those who reported low self-rated health and many illness conditions were significantly more likely than others to be consistently high users. Need, as indicated by objective health status scores for 1970 and 1971 was the most important determinant, accounting for 40 percent of the variance in level of use. Overall, the model explained 61 percent of the variance in utilization. The implications of these findings for health care policy, planning and practice are discussed.

Mossey, J.M. and E. Shapiro (1982). "Self-Rated Health: A Predictor of Mortality Among the Elderly". American Journal of Public Health, 72(8):800-808.

Data from the Manitoba Longitudinal Study on Aging were used to test the hypothesis that self-rated health is a predictor of mortality independent of objective health status. Analyses of the data revealed that, controlling for health, age, sex, life satisfaction, income and urban-rural residence, the risk of early mortality and later mortality for persons whose self-rated health was poor was 2.9 and 2.8 times that of those whose self-rated health was excellent. This increased risk was greater than that associated with poor health, poor life satisfaction, low income and being male.

Myles, J.F. (1979). "Institutionalization and Disengagement Among the Elderly". Canadian Review of Sociology and Anthropology, 16(2):171-182.

This paper presents the results of an empirical analysis of the relationship between institutionalization and disengagement based on a random stratified sample of the elderly of Manitoba in 1971. The results indicate that the institutionalized elderly, like other residents of "grey ghettos," have higher levels of social interaction and derive greater satisfaction from their social relations than do the elderly residing in the larger community. It is suggested that these findings are suggestive with respect to the more general issue of disengagement and aging. The fact that involvement in interactional events is greater among the institutionalized elderly is consistent with a theory of aging which views disengagement among the elderly as a response which is historically specific to the position which they occupy within the structure of age stratification characteristic of advanced capitalism.

Myles, J.F. (1978). "Institutionalization and Sick Role Identification Among the Elderly". American Sociological Review, 43:508-521.

The purpose of this paper is to document the effects of institutionalization on patterns of sick role identification among the aged. The paper is an effort to test empirically the implications of Goffman's (1961) general analysis of total institutions and Freidson's (1970) analysis of the social organization of illness within such contexts. These analyses argue that the institutional organization of being ill tends to reinforce patterns of illness behaviour among clients by constraining the individual increasingly to adopt attitudes and behaviour consistent with the assumption of the sick role. With data drawn from the 1971 Aging in Manitoba study (n=4805), an empirical test of this theory is presented by contrasting patterns of illness responses among the institutionalized and noninstitutionalized elderly. Specifically, the extent to which institutionalization alters the association between respondent's objective health status and respondent's self-definition of health status is analyzed. Contrary to the expectations of the theory, the results indicate that, given comparable levels of illness and disability, the institutionalized elderly are less likely to incorporate the illness label into their definition of self. In a subsequent section, the implications of these findings for the individual and overall level of life satisfaction also are identified and discussed.

Myles, J.F. (1982). "The Bureaucratization of Consumption: Institutional Welfare for the Aged". Canadian Journal of Social Work Education, 7(2):41-53.

This paper studies the financial well-being experienced by institutionalized and non-institutionalized elderly living in Manitoba in 1971. It examines the effect of shifting the controls of consumption from elderly individuals to producers of services. It finds no support for the thesis that bureaucratization and institutionalization cause rather than cure the diseases (poverty, illness, social isolation) characteristic of today's aging experience. In fact, institutionalized elderly in some sense are better off financially than the non-instsitutionalized. However, the institutionalized elderly may still not be in optimal situations. The author then considers the possibility of transferring control of consumption back to the elderly who are "captive" in institutions by giving them governance (not administrative) responsibility for the institution.

Myles, J.F. (1980). "Institutionalizing the Elderly: A Critical Assessment of the Sociology of Total Institutions". In Aging in Canada: Social Perspectives (Victor Marshall, ed). Toronto: Fitzhenry and Whiteside.

Myles' dissertation empirically demonstrated the inadequacy of Goffman's theories regarding total institutions. In this paper, Myles continues his critique with a theoretical assessment of Goffman's work. For the typical elderly individual who becomes institutionalized, the lack of autonomy characteristic of institutional life does not constitute a profound discontinuity from his or her non-institutionalized condition. Despite the constraints on consumption and use of time, the actual level and pattern of consumption and use of time will, in general, be more congruent with preferences than would be the case were the client not institutionalized. Entry to a nursing home is simply the next step in the evolution of the "aging career".

Myles, J.F. (1977). "Institutionalizing the Elderly: An Empirical Assessment of the Sociology of Total Institutions" unpublished Ph.D. dissertation, Department of Sociology, University of Wisconsin, Madison.

This dissertation empirically assesses the adequacy of Goffman's analysis of "total institutions" for purposes of understanding the inmate experience within a subset of such organizations, namely institutions for the aged. The results of a multivariate analysis indicate that institutions for the aged in Manitoba are effective in providing both objective and subjective relief from those conditions most closely linked to the aging process in advanced industrial societies - namely, poverty, illness, and social isolation. The failure of Goffman's

theoretical perspective to correctly predict the consequences of institutionalization are a function of its failure to take into account the larger social and historical forces which generate the demand for such institutions. As a result the "inmate role" has been viewed as forming a part of an aberrant social structure rather than as a reflection of the position of such negatively privileged status groups as the aged and mentally ill within the larger society.

Myles, J.F. (1974). "Correlates of Life Satisfaction among the Aged in Manitoba" presented at the Canadian Association on Gerontology Meetings, Winnipeg, Manitoba, October.

Data from the 1971 study, Aging in Manitoba (Manitoba Department of Health and Social Development, 1973) are examined to identify correlates of life satisfaction among both institutionalized and non-institutionalized elderly Manitobans. As in previous research in this tradition, the relationship of life satisfaction to a number of health, social interaction and activity variables is considered. In addition, however, special attention is given to perception of relative deprivation with respect to past, present and future economic status. The differential response patterns of the institutionalized and non-institutionalized are identified and compared.

Penning, M.J. (1978). "Institutionalization of the Elderly: An Assessment of Competing Perspectives" unpublished M.A. Thesis, Department of Sociology, Faculty of Arts, University of Manitoba, Winnipeg, Manitoba.

This study assesses a number of perspectives which attempt to explain the experience of institutionalization among the elderly. All perspectives view institutionalization as a unidimensional concept. As a result, all were criticized for their failure to recognize sources of inter-institutional variation, and their inability to account for variations in the experience of institutionalization by the elderly. An alternative model which recognizes the heterogeneous nature of the living environment was then suggested. Included were items reflecting the availability of privacy and freedom to residents, the integration of the residence into the community, the availability of resources, and the size and service orientation of the residence. Utilizing data collected on a sample of 4805 elderly in Manitoba, the analyses supported the critique made of each of the three unidimennsional perspectives. No support was found for the views of institutions as mechanisms for the provision of relief (social welfare) or for the facilitating of withdrawal (disengagement). Minor support was found for the view that institutions function as bureaucratic organizations and that institutionalization resulted in identification with the "sick role". The view that institutions vary on a number of dimsnsions which positively or negatively affect well-being received the greatest measure of support.

Penning, M.J., and N.L. Chappell (1980). "A Reformulation of Basic Assumptions About Institutions for the Elderly". In V.W. Marshall (Ed.), Aging in Canada: Social Perspectives. Toronto, Fitzhenry & Whiteside.

As interest in gerontology grows among social scientists, a particular focus on the effects on institutionalization has been evident. Most of this literature compares institutional with community living environments for the elderly, while fewer studies compare institutional facilities. However, both types of studies tend to share the assumption that homogeneity characterizes the institutional environment Using the bureaucratic and social-welfare models, this essay provides a critique of the assumption of unidimensionality found within such approaches. It is argued that the complexity and variations among institutional settings for the elderly necessitate a multidimensional approach to adequately reflect the nature of their experience. An investigation of perceptions of well-being among a sample of elderly residents living in diverse institutional settings is

reported. The implications of the findings suggest the potential for less costly home-care programs for the elderly and the need for continued research in this area.

Rempel, J.D. (1985). "What Does Outlook Toward Life Tell Us About Health of Older Persons?" presented at the Canadian Association on Gerontology Meetings, Hamilton, Ontario, October.

Increasingly we recognize that health levels are linked to our worldview and social circumstances. Simple self-assessed health may be less reliable than so-called objective indicators but of definite value (validity) in identifying general quality of life levels. We note a move towards using illness checklists to assess health in a quasi-objective fashion. This paper explores some of the differences and similarities displayed by the correlations of these two health measures with outlook, social world and socio-demographic variables. We recommend the continued use of multiple indicators in the measurement of health in the elderly.

Rempel, J.D., L. Driedger and B. Havens (1986). "Ethnic Identification of Elders in Manitoba: Degree of Consistency, 1971-83" presented at the Canadian Association on Gerontology, Quebec City, Quebec, November.

The focus of this paper is to explore the extent to which the elderly in Manitoba identify with various ethnic origins such as Canadian, British, French, German, Asian, Indian and the life. This is an important question because we expect that informal and formal services for the elderly will need to be rendered in the language which they understand, and in a familiar cultural setting in order to assure maximum satisfaction of life in their later years. To do this, the ethnicity of 1395 elders was noted from the 1971 Aging in Manitoba study who survived to 1983-84. Seventy-two percent identified themselves the same way in the two waves of the study. Of a variety of predictor variables (biosocial, social network and geographic), the initial statement of ethnicity proved to be the best indicator of ethnic stability, although gender and geographic region also showed interesting patterns.

Rempel, J.D. and B. Havens (1986). "Aged Health Experiences as Interpreted through Culture" presented at the Canadian Sociology and Anthropology Association Meetings, Winnipeg, Manitoba, June, and submitted for publication.

The 1983 Aging in Mantioba cross-sectional database (n=2854) and Multiple Classification Analysis were utilized to identify the differential health experiences of older persons from twelve ethnic groups. In the analyses, demographic and other relevant variables are controlled. Ethnicity plays a statistically significant part in the perceptions of health, even after all the control variables are introduced.

Roos, N.P., J.M. Mossey, and B. Havens (1978). Interim Report: Health Services Use, Morbidity, and Mortality and the Elderly. Department of Social and Preventive Medicine, Faculty of Medicine, University of Manitoba, Winnipeg, Manitoba.

This research created a record of social, psychological, demographic, environmental, and health care information over a nine-year period for Manitobans 60 years of age and older. This was done by combining interview results from the 1971 Aging in Manitoba study with Manitoba Health Services Commission records for the interviewees and their spouses. The information was used to study patterns of health care utilization by the elderly.

Roos, L.I., J.P. Nicol, C.F. Johnson, and N.P. Roos (1979). "Using Administrative Data Banks for Research and Evaluation". Evaluation Quarterly, 3:236.

This article discusses methods of organizing and checking administrative databanks to increase their usefulness for research and evaluation. Examples are drawn from the studies using the Manitoba Health Services Commission databank. The various uses of both manual and computerized checks are explained. A problem profile is presented for the Manitoba databank; this profile summarizes different specific problems, incorporating new threats to internal validity associated with the use of databanks. The improvements in data collection represented by databanks are discussed in terms of developing multiple control group designs.

Roos, N.P. and L.I. Roos (1981). "High and Low Surgical Rates: Risk Factors for Area Residents". American Journal of Public Health, 71(6):591-600.

Patterns of surgical practice, the type of operations performed, and risk characteristics of elderly patients brought to surgery are examined in areas with differing surgical rates. This analysis covering Manitoba's 56 rural hospital areas uses all discharge claims filed routinely with the provincial health Services Commission.

One and a half times as much surgery was performed in high rate areas as in low rate areas. Since surgical case mix varied little between high and low rate areas, place of residence strongly influences exposure to major surgical procedures. As well, the proportion of surgical cases classified as high-risk does not vary with the surgical rate. High risk patients resident in high surgical rate areas are more likely to come to surgery than are their counterparts in low rate areas. The surgical selection process, not characteristics of the population residing in the area, appears to determine the rate at which high and low risk patients come to surgery. The research suggests that high surgical rates carry with them the risk of excess surgical deaths.

Roos, L.I., N.P. Roos, S.M. Cageorge, and J.P. Nicol (1982). "How Good Are the Data? Reliability of One Health Care Data Bank". Medical Care, 20:266-276.

This study investigates the reliability of the Manitoba Health Services Commission databank from a variety of perspectives. Emphasizing diagnostic and surgical procedures, the research focuses on those areas in which problems exist and in which the data can be relied upon. Computerized comparisons are stressed, since they can provide cost-effective checks on data quality. One key to performing reliability studies inexpensively is finding information recorded independently: by separate individuals or organizations, at two different times, or in two or more data files. When a particular event has certain logical implications vis-a-vis another, inconsistencies can be located. Face sheet information and data on the performance of major surgical procedures were found to be reliably recorded in the Manitoba databank. Collapsing ICD-9 diagnoses from medical claims into several categories proved much better than relying upon individual diagnoses. Problems in working with the data included difficulty in distinguishing between closely related surgical procedures and the under reporting of inhospital consultations and nonsurgical procedures.

Roos, N.P., L.I. Roos and E. Shapiro (1982). "Aging and the Demand for Health Services: Which Aged and Whose Demand?" invited paper presented at the Statistics Canada Conference on Health Issues and Outlooks, March.

Universally insured medical and hospital services provided the opportunity to trace the health care utilized by a large probability sample of elderly residents of Manitoba. The findings suggest that most elderly are healthy and that they are low, infrequent

users of services. A minority were identified who are very high users of health care. The potential influence of physician discretion and the growth in the number of physicians on the utilization patterns of the elderly are discussed.

Roos, N.P. and E. Shapiro (1981). "The Manitoba Longitudinal Study on Aging: Some Preliminary Findings on Health Care Utilization Behaviors of the Elderly". Medical Care, 19(6):644-657.

This research links survey data from a large probability sample of the elderly population of one Canadian province with provincial insurance data documenting all their health care use during the years before and after the interview. The data show that "the elderly" are not high users of the health care system. Instead, a small proportion of those aged 65 and older account for a disproportionately large share of service utilization. This study also identifies several predictors of high health care use and discusses the implications of its findings for health care policy, practice, and research.

Roos, N.P. and E. Shapiro (1978). "The Use of Acute Hospital by Geriatric Patients in Manitoba" presented at the Canadian Association on Gerontology Meetings, Edmonton, Alberta, October.

Scott, T. (n.d.). Life Satisfaction Among the Aged in Winnipeg. Unpublished paper.

The hypothesis of this research is that the upper classes will enjoy high life satisfaction. The upper classes, being economically advantaged, will have experienced job satisfaction with plenty of opportunity for leisure time as opposed to the lower classes who will have been employed in manual, unskilled labour, with little opportunity or financial means for leisure or vacation activities. Satisfaction in life also arises through creative or meaningful activities. When retirement occurs, many individuals are unprepared and find many idle hours on their hands. The upper classes have again the financial means to travel and/or join and contribute to community organizations and projects. The lower classes on the other hand are financially limited in their activities due. The findings of this research, however, do not conclusively support the hypothesis that the higher social classes have high life satisfaction. The results indicated that the middle classes tended to subjectively evaluate themselves as more satisfied than the upper classes. However, when life satisfaction was

judged objectively, the statistics supported the contention that the higher classes have greater life satisfaction.

Shapiro, E. (forthcoming). "Patterns and Predictors of Home Care Use by the Elderly When Need is the Sole Basis for Admission". Home Health Care Quarterly.

Data from the Manitoba Longitudinal Study on Aging is used to describe the 1975-78 home care utilization of a large probability sample of elderly interviewed in 1971. The predictors of home care use of these interviewees are identified by multiple logistic regression analysis. Findings indicate that a home care program based solely on professionally assessed need admits only a small minority of elderly and that, next to age, difficulty in coping with the instrumental activities of daily living is one of the best predictors of subsequent home care use. Differences between the determinants of home care and long-term institutional care are noted and the policy implications of the findings are noted.

Shapiro, E. (1985). "The Relevance of Epidemiological Research on Aging to Policy-Making and Planning: Evidence from the Manitoba Longitudinal Study on Aging" presented at the International Association on Gerontology Meetings, New York, July.

This paper reports on five longitudinal studies of elderly Manitobans that directly enable an increasingly appropriate policy and program direction. More generally, they also have aided in debunking myths about disproportionately long hospital stays by the elderly as a whole, and subgroups, specifically retirees. They have also shown hospital use levels to be a function of physician characteristics and differential availability of physicians and hospital beds.

Shapiro, E. (1981). "The Medicalization of the Elderly". Canadian Dimension, 15(7):32-33.

The process of medicalization is defined by Freidson as one by which the medical profession gets first claim to jurisdiction over the label illness and anything to which it may be attached, irrespective of the profession's capacity to deal with it effectively. When a problem is labelled as "illness" it inevitably locates the source of trouble as well as the responsibility for improvement

primarily in individuals. It makes it easier to blame individuals as the carriers of the problems, rather than society at large. The concept of need as met through services has justified the maintenance of inadequate incomes, employment, and retirement policies because the dominant conception is that services rather than income or employment can solve the "problem". Our aging society must begin to help to demedicalize aging and to develop policies which improve the socio-economic status of the elderly, and the quality of their housing, their nutrition, and their life; all of which permit choices about work and retirement, and which makes greater use of their accumulated life and work experience.

Shapiro, E.(1981). "Occupation and Old Age: A Comparison of the Health and Social Characteristics of Elderly Males from Three Occupational Groups" presented at Western Association of Sociology and Anthropology Meetings, Winnipeg, Manitoba, March.

To assess the potential impact of recent changes in the occupational distribution of the work force, this paper compares selected social, health, and health care characteristics of elderly males from three occupational groups. The analysis is based on data drawn from interviews with a representative sample of elderly community residents of an entire Canadian province and from claims collected for universally insured medical and hospital services. Male farmers, industrial workers, and managers/professionals aged 65 years or older differed in socio-economic status, perceived health status, life satisfaction and in their patterns of health care use but not in their overall utilization of health services. The implications of these findings for policy, planning, and future gerontological research are discussed.

Shapiro, E. (1980). "The Reality and Myth of Geriatric Bed-Blocking". Essence, 3(3):178-183.

The pressure to contain hospital costs has focussed attention on the aged sick who are said to be "blocking" access to hospital beds. This paper examines the so-called problem in the light of current Manitoba data. The preliminary findings incicate that the long-stay hospital patient might be more appropriately called the chronically, long-term ill, or disabled patient than the "geriatric" patient and that the lengths of less-than-90-day hospital stays associated with transfer to an alternative long-stay facility do not appear to be longer for the elderly than for younger patients. It is suggested that the perception of "geriatric bed-blocking" may be the result of negative attitudes towards the

elderly. These attitudes may jeopardize the welfare of the elderly and effective planning for the needs of the long-term ill and disabled.

Shapiro, E. (1979). "Some Implications of Linking Data Sets for Community Health and Social Service Programs and Policies" presented at the Canadian Association on Gerontology Meetings, Halifax, Nova Scotia.

Shapiro, E, and B. Havens (1980). "Using Service Based Data for Longitudinal Research on Aging" presented at Western Gerontological Society Meetings, Los Angeles, California, March.

Revised and later published by Havens (1982) as part of "Possibilities and Problems in Using Service Generated Data for Longitudinal Research on Aging - Part II: Experiences from Manitoba".

Shapiro, E., and N.P. Roos (1982). "Retired and Employed Elderly Persons: Their Utilization of Health Care Services". The Gerontologist, 22(2):187-193.

This paper compares the health care used by employed and retired elderly persons. The analysis is based on data representative of an entire Canadian province's elderly population drawn from interviews and claims accumulated under the public medical and hospital services program. The findings indicate that (a) ambulatory physician visitation of both groups is similar, and (b) the greater prevalence of serious conditions among the retired is associated with their higher hospitalization rates rather than with their retirement status. The health and social policy implications of these and additional findings are discussed.

Shapiro, E. and L.L. Roos (1984). "Using Health Care: Rural/Urban Differences in Health Care Utilization Among the Manitoba Elderly" presented ???

Rural-urban differences in health care utilization between 1971 and 1977 are described using sub-sample of 3628 elderly from the Manitoba Longitudinal Study of Aging. Despite disparities in reported income and the distribution of physician resources, the volume and pattern of ambulatory care use by rural and urban elderly did not differ greatly. On the other hand, hospital useage, due largely to a higher hospital admission rate, was consistently greater among rural than urban elderly.

Shapiro, E., and N.P. Roos (1981). "The Geriatric Long Stay Hospital Patient: A Canadian Case Study". The Journal of Health Politics, Policy and Law, 6(1):49-61.

This article examines the use of acute beds by the elderly in Manitoba over the five-year period, 1972-76. The analysis reveals that transfers of long-stay (greater than 90 days) elderly to long-term care facilities took longer in 1976 than in 1972 despite major provincial initiatives which included construction of additional long-term treatment beds, expansion of home care resources, and extension of universal insurance coverage to long-term institutional and home care. Analysis of means to reduce long hospital stays prior to transfer suggests that building more long-term beds may be the least desirable policy alternative.

Shapiro, E., and N.P. Roos (1981). "Elderly Non-Users of Health Care Services: How are They Different and What Are the Consequences of Their Behavior?" presented at the Gerontological Society of America Meetings, Toronto, Ontario, November.

Despite a growing literature on the use of health care services by the elderly, little attention has been paid to those who never see a physician or are never hospitalized. The Manitoba Longitudinal Study on Aging data have been used to examine the social and health characteristics, the subsequent health care utilization, and the subsequent mortality rates of elderly persons who used no health services over a two year period. Information obtained from interviews with 4800 elderly was combined with nine years' data on health care utilization to permit this analysis. By comparing those persons using no services with those who made one to three physician visits and those who made four or more visits to the doctor over the same two year period, it was established that non-users differ in several important aspects from other elderly. The usefulness of screening and outreach programs as well as other policies are assessed in the light of these findings.

Shapiro, E., N.P. Roos and J. Horne (1978). "The Geriatric 'Bed Blocker': A Critique of the Current Formulations of the Problem and the Proposed Solutions" presented at the Canadian Association on Gerontology Meetings, Edmonton, Alberta, October.

The recent controversy in England surrounding the geriatric long-stay patient in an acute-care hospital and the proposal to gradually reassign a proportion of acute-care beds to geriatric use has important

implications for Canada. This controversy has centred almost exclusively on the number or categorization of hospital beds, and, to a minor extent, on the need for community based services. This paper examines the proposed solutions in the light of some current Canadian data on medium and long-stay patients in acute hospitals. It is suggested that the elderly may not, in fact, account for the majority of patient days consumed by those in hospital beyond 30 days, and that the focus on bed numbers or community care, albeit legitimate, may, in the Canadian context, neglect to consider the critical problem of institutional or facility-unit autonomy.

Shapiro, E., N.P. Roos, and S. Kavanagh (1980). "Long Term Patients in Acute Care Beds: Is There a Cure?" The Gerontologist, 20(3):342-349.

Across North America concern has been expressed about the so-called "backup" op the geriatric patients in acute hospitals. The concern is focused on the geriatric patient who has recovered from the acute stage of illness but is not promptly transferred to rehabilitation facilities, chronic care institutions, or home care programs. This concern has been heightened by the anticipated growth in the absolute number of the elderly and their increasing proportion of the total population. Over 1972-76 period, several of the proposed solutions were introduced into Manitoba so that by 1975 the province was acknowledged to have most of the components deemed essential for serving the health needs of the elderly. However, by the end of 1976 the concern with a geriatric backup in acute beds had not abated. This paper describes the major changes in Manitoba which were expected to affect geriatric acute-care bed utilization and the actual changes in utilization were then described using claims generated from the provincial health insurance program.

Shapiro, E. and R.B. Tate (1985). "Predictors of Long Term Care Facility Use Among the Elderly". Canadian Journal of Aging, 4(1):11-19.

This research uses data from the Manitoba Longitudinal Study on Aging and multiple logistic regression analysis to assewss the impact of 28 socio-economic and health status variables on nursing home admission. The results indicate that all the short-term predictors continue to be significantly associated with facility bed use in the long run, suggesting that the high risk elderly can be identified relatively early. The key socio-demographic characteristics are better predictors of admission than health and physical function characteristics, and time

itself appears to change the relationship of the study variables to admission.

Shapiro, E. and R. Tate (1984). "Predictors of Nursing Home Use by the Elderly" presented at the Canadian Association on Gerontology Meetings, Vancouver, British Columbia, October.

Community support programs seeking to reduce or delay nursing home admission need valid predictors of bed use in order to target their efforts to those most "at risk". However, most studies have been limited by the use of non-probability samples, bivariate analysis and cross-sectional designs. This research uses the data from the Manitoba Longitudinal Study on Aging to test the short term and long-term impact of socio-demographic and health status variables on nursing home use. The results indicate that advanced age, the absence of a spouse in the household and residing in retirement housing are the major risk factors. Mental impairment and low self-rated health also make a significant but lesser contribution to utilization. The consistency of these factors over time suggest that those most "at risk" can be identified relatively early. Investigations to assess the efficacy of community programs relative to nursing home use should ensure that these findings are taken into account in selecting their samples.

Strain, L.A. and N.L. Chappell (1984). "Social Support Among Elderly Canadian Natives: A Comparison with Elderly Non-Natives" presented at the Canadian Association on Gerontology Meetings, Vancouver, British Columbia, October.

Relatively little is known about the elderly Canadian native population. Existing research has tended to focus on the on-reserve population to the neglect of the off-reserve group. Although literature is increasingly available on social support of the elderly in general, little exists on the Canadian natives in particular. This paper examines the social support network of a random sample of 193 off-reserve Canadian natives (both Treaty and Metis) aged 50 and over residing in Winnipeg. Comparisons are made with a random sample of 400 non-native individuals aged 65 and over residing in Winnipeg. All respondents are community dwelling. Data were collected by personal interviews. Results indicate many differences and some similarities in the support network of the two groups. For example, the elderly natives are less likely to live alone and among those who live with others there is a difference in the relationship of the household member to the respondent. The natives, on average, report more relatives and more friends but fewer neighbours than the non-natives. Other

aspects of the support network are also examined. Cultural differences in the use of these terms and the importance of the support network are discussed and their relevance for service providers is highlighted.

Thompson, E. (1974). "Aging in Manitoba: Findings of the Provincial Survey of Needs and Resources Relevant to Housing Programs". Beyond Shelter. Ottawa: Canadian Council on Social Development.

In considering housing for the elderly, it is important to consider the needs and preferences of those elderly now living in age-designated housing, but also with the housing and other needs of the elderly in the community, some of whom will occupy elderly persons' housing units in the future. The 1971 study of elderly in Manitoba showed that unmet shelter needs for those living in facilities were moderate in comparison to their other unmet needs. However, for those living in the general community, the second highest unmet need is shelter. With the elderly living in the general community, 79 percent prefer to live alone or with a spouse, 11 percent prefer to live with children or other relatives, four percent prefer to live with others of their own age and two percent prefer to live with other persons regardless of their age. With the elderly living in facilities, 45 percent prefer private room accommodation alone or with their spouse, 17 percent prefer accommodation shared with others of their own age, eight percent prefer accommodation shared with a child or other relative, and 3.5 percent prefer accommodation shared with others regardless of their age.

Thompson, E. (1973). "Aging in Manitoba: Findings of the Provincial Survey of Needs and Resources" presented at the First General Biennial Meeting, Canadian Association on Gerontology, Ottawa, Ontario, October.

An extensive study of the elderly population, titled "Aging in Manitoba" was carried out in 1971. The study was comprised of a compilation of population and social characteristics, in an area probability random sample survey of the needs of 5000 elderly throughout the province and a total survey of existing resources available to meet need. The study is being reported in ten volumes, one volume reporting on the design and techniques of the study, seven volumes reporting and analyzing the findings in respect to the seven Health and Social Development Regions in Manitoba and to 63 areas within those regions, one volume reporting on special data not applicable to regional analysis, and one volume summarizing findings for the provinces as a whole. This

paper presents findings relative to the first eight volumes.

Thompson, E. and B. Havens (1975). "Ethnic Imperatives in a Field Survey of a Heterogeneous Elderly Population" presented at the Second Biennial Meeting of the Canadian Association on Gerontology, Toronto, Ontario, October.

Aging in Manitoba, a field survey of the unmet needs of almost 5000 elderly Manitobans was based on an area probability random sample design. In Manitoba, less than 50 percent of the elderly are of British Isles descent, 20 percent are of Slavic descent, while two percent or more of the elderly are of each of nine other ethnic descents. Many respondents could not be appropriately interviewed in English. 84.1 percent of the sample were appropriately interviewed in English and an additional 13.4 percent (n=643) were appropriately interviewed in a language other than English. Another match would have been partly desired for the remainder (2.5 percent, n=120).

Thompson, E. and B. Havens (1974). "Aging in Manitoba: Social Planning, Personnel and Training Implications" presented at the Canadian Association on Gerontology Meetings, Winnipeg, Manitoba, October.

The findings of this study revealed that the two greatest need of elderly Manitobans are for services/resources to be more accessible and for independent housing. Findings from the study reveal the need for community services. Findings showed that staff of existing resources assess the the needs of the elderly at levels higher than do the elderly themselves. This study measured needs in nine areas through a field survey of 4805 elderly persons and 680 resources. The elderly responded on the degree to which their needs were being met. Resources reponded on the degree to which they were able to meet need. Staff responded with their judgement of the degree of unmet needs experienced by the elderly. The study findings have social planning implications for decentralization of services, outreach services, modification of services to local utilization patterns, and for servicing the elderly in their own homes. The personnel and training implications are those for creativity in staffing patterns and for support of the independent functioning capabilities of elderly persons.

Thompson, E. and B. Havens (1974). "Aging in Manitoba: Some Planning Implications of the Study of Elderly Manitobans"

presented at the Gerontological Society of America Meetings, Portland, Oregon, October.

One of the most striking findings from this recently completed study relates to the accessibility and availability of resources for the elderly. This study measured needs in nine areas through a field survey of 4805 elderly and 680 resources. The elderly responded on the degree to which their needs were being met. Resources responded on the degree to which they were able to meet needs. The elderly indicated that their greatest need was for accessibility of resources while their least need was for availability of resources. The resources indicated that they were most able to make their services available but least able to make them accessible. The planning implications include: decentralizing resource services, establishing outreach services, modifying services to fit local utilization patterns, and bringing more services into the elderly person's household. These changes are occurring in both the public and private service sectors, with an expansion in local services and a major thrust in the development and expansion of home health and social care services.

Thompson, E. and B. Havens (1972). "Field Survey of Need of the Elderly and Resources to Meet Need in Manitoba" presented at the Gerontological Society of America Meetings, San Juan, Puerto Rico, December.

Growing out of adepartment and a province long committed to the concerns of the elderly, several questions relative to needs of and services for the elderly were posed early in 1970 by both the public and private services. Seeking answers to these questions led to a full field survey during the summer of 1971. During the summer, 50 student interviewers were fielded to interview approximately 4800 elderly Manitobans drawn as a random sample from local municipalities throughout the province and the total of approximately 700 public and private resources servicing the needs of the elderly. These interviews were conducted based on schedules identifying nine need areas and resource availability. Basic data from both the sample population and resources yield computer profiles of the need areas according to five levels of need or service. The presentation of profiles, with implications for short-term and long range planning, provide a maximum ability to meet needs appropriately from the local level through the provincial level of both public and private services to the elderly.

Subject Index

Ethnicity

Bienvenue, R.M. and B. Havens (1986). "Colonialism in the Lives of the Elderly: A Comparison of Canadian, Indian and Non-Indian Communities". Canadian Journal on Aging, 7(1).

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